

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41165

State File No.

BIRTH NO.		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson County</u>		c. LENGTH OF STAY (in this place) <u>3198</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4231 Independence Avenue</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>87th & Jackson</u>				d. STREET ADDRESS (If rural, give location) <u>4231 Independence Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Royce</u>		b. (Middle) <u>F.</u>		c. (Last) <u>KELLAR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1950</u>			
5. SEX <u>0</u> <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>2-7-1934</u>			
9. AGE (In years last birthday) <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Pac. Round House</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Cecil A. Kellar</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel B. Summers</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-32-5093</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C. A. Kellar San Francisco, Calif.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Removal from Pyrexia</u> <u>Leuer</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leuer</u> DUE TO (c) <u>Leuer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>68234</u> <u>32</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-29-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Anna S. Hodges</u>				(Degree or title) <u>MD</u>		23b. ADDRESS			
23c. DATE SIGNED <u>1/2/51</u>									
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>		ADDRESS <u>Kansas City, Mo.</u>							

JAN 9 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 2989

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.